## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		39	2/2/
FORMALITY REVIEW	B€	897	09-36-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

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Claim Date	Claim	Date	Claim	Cate
Final Pinal	Final Original		Final Original	
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11	61		111	
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14	64	<del>┠┤╏╏╏</del>	113	
15	65	<del>┠╶╂═╽╶┠═╏</del> ╌╂ <del>╸</del> ┨	114	<del>┊╏╏╏</del> ┪
16	66	<del>                                     </del>	116	<del></del>
17	67		117	
18	68		118	
19	69		119	
20	70		120	
21 22	71 72	<del>                                     </del>	121	<del>-                                     </del>
23	73		123	<del>-                                     </del>
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26	76		126	
27	77		127	
28 29	78 79		128	<del>┈┤╶╎╶╏╶╏╸┤╺┠╸</del>
30	80	<del></del>	130	<del></del>
31	81	<del>-                                     </del>	131	<del></del>
32	82		132	
33	83		133	
34	84		134	<del>╶┧╺┧╸╏╸╏╸</del>
35 36	85		135	<del>╶┼╎┼┼┼┼</del>
37	87	<del></del>	137	<del></del>
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41	91		141	<del></del>
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43	93		143	<del>╶┧╶╂╌╂╾╂╍╂╍╂</del> ╌┦
44 45	94		144	<del>╶┧╺╂╸╂╸╂╸╂╺╋╺</del> ╋
46	96	<del></del>	146	<del></del>
47	97	<del></del>	147	++++
(48	98		148	
49	99		149	<del>╶╎╸</del> ╁╌╂╼╂╾╂╾╂╍┦
501.	100		150	<u>╶</u> ╽╶╽╌╽╌┸╌┸╌┸╾┸

If more than 150 claims or 10 actions staple additional sheet here

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